

## Society Reports.

### NEW YORK NEUROLOGICAL SOCIETY.

*Meetings of November 5th and December 3d, 1889.*

DR. GEORGE W. JACOBY, President, in the chair.

The President called for the report of the Stevens Commission. Prior to the reading of the report, the following protest was presented by Dr. G. T. Stevens :

*"Mr. President and Gentlemen of the Neurological Society :*

"I respectfully protest against the reception of the report now announced, for the reasons—1st. That the Commission having failed to perform its part of the agreement upon which the report is to be founded, the report is not now in order. 2d. Because the report is not a report on the proposition at issue. 3d. Because the report is inconsistent with the facts, and is misleading. And 4th. Because it is an ex parte report, and objectionable in spirit and motive."

The report of the Commission was then called for by the President, and read by its chairman, Dr. E. C. Seguin (see page 657).

Dr. HAMMOND had seen eight of the cases described, in company with Drs. Weir, Webster, Ranney, and Amidon, the day before the meeting. The patients and their friends all admitted that the cases had been improved very much by Dr. Stevens' treatment, a fact which was at great variance with the statements made by the same patients to the Commission.

Dr. SEGUIN said that that part of Dr. Stevens' remarks which reflected upon the fairness and integrity of the Commission needed no reply, the names of the members of the Commission being a sufficient answer. Dr. Stevens' statements as to the evil effects of the arsenical treatment of chorea, and of the bromides in epilepsy, appeared to pander to popular prejudice, and were altogether unwarranted by facts. Some clinical experience and knowledge of practical therapeutics would have prevented such expressions. Arsenic was almost never harmful to choreic patients, and the evils of bromism could be prevented and corrected by watchful management and appropriate associated treatment.

It was true that the Commission had had the greatest difficulty in inducing patients to undergo the treatment, but their failure to obtain twelve cases within the first few weeks was not through neglect or violation of the agreement. It was simply an impossibility to supply the necessary material in a given time: enough had been furnished in all. Dr. Stevens, in not furnishing data as to the course and progress of the cases as stipulated in the agreement, had violated the compact. The report had no personal animus, and was not made up of the ideas of any one or two members. It expressed the

opinions of all of the members of the Commission, even of those selected by Dr. Stevens himself.

As regarded the statements of friends and relatives in medical investigations, these should be received with scientific doubt, particularly when they differed from the facts, as shown by the Commission.

As far as his own cases were concerned, one had been nearly killed by the ocular treatment involving the omission of bromides, passing into a status epilepticus, but improved again under bromides. Another had been under ocular treatment for fifty-two weeks before improvement became marked. Another, the girl with chorea, showed no tangible improvement until after the lapse of seven months. His own experience in cases of chronic chorea, even when of five to seven years' duration, was that they were not merely improved very soon under arsenical treatment with rest in bed, but, as a rule, cured in from two to three months. This girl, though improved under the ocular treatment, had now transient diplopia for far and near, while the second case alluded to saw double at the present time on looking to the right. The improvement in these cases (which were the best of the series) could not therefore be ascribed to the ocular treatment, but was to be attributed to improved health and time. Dr. Stevens had reported fifty per cent. of cures of epilepsy in his own (former) series of cases, but in the cases examined by the Commission there was not one. Moreover, he had reported his cures as taking place in a few weeks after beginning the ocular treatment, while in these cases where improvement of any kind had taken place, many months had been required before decided change had been manifested.

Dr. STARR, in regard to the remarks made by Mr. Hammond, referred to the records of the cases read to the Society, which demonstrated in each case an increase in the number of attacks, in some of them to three times as many as formerly. It was well known that the statements of epileptics were unreliable concerning their own seizures, and in several of these cases it was evident from their own records of their attacks that any statements that they had made that they were better were in direct opposition to the real facts. The recollections of such patients regarding their past states could not be considered as at all comparable with the actual observations taken during such periods.

In one case, pronounced by Dr. Webster as normal ophthalmologically, and in every respect a purely functional case, Dr. Stevens claimed to have found optic atrophy and called it an organic disease.

Dr. STEVENS said, referring to the lad, George K., who has been introduced here by the Commission and made to face this audience for an hour, this case was included not in the list of improved, but of the unimproved. On the blackboard had been written the number 5 as that of the improved. Since the lad by his quiet demeanor and eloquent silence had shown his true position, the Commission admitted his improvement for the first time. This is only one of

several concerning which such a change should have been made. This report includes two lines of statement. The first relates to the dealings of the Commission with himself; the second relates to the professed results of the work.

In respect to the second line of statements, it was difficult to place before the Society the real facts. He had therefore requested a number of gentlemen, distinguished for their fairness as well as for their great ability, to see several of the patients, who have been declared by this report unimproved by treatment. These gentlemen, after a careful examination, had arrived at conclusions widely different from those represented in the report.

If this line of statement could not well be presented, that relating to the dealings of the Commission could better be shown, and by the manner in which the Commission has treated this part of the report, the whole report should be judged. The length of time occupied in selecting cases indicated the kind to be eliminated and the kind which were to be sent. Dr. Stevens inquired whether the Society would indorse the professed quotations and the incorrect statements with which the report abounded, and which were without meaning or consequence, except as they might bring into discredit and ridicule the man invited by the Society to do this work.

Unquestionably many of the cases sent by the Commission and accepted in the beginning of the inquiry ought never to have been taken. Few of these early cases were at that time any longer functional.

The operative technique in many of these cases had proved exceedingly delicate and difficult, and had demanded a longer time in their management than ordinary cases. The greatest patience and skill had been required, and he did not profess to have attained the skill demanded for the quick correction of anomalies such as were here found.

He had not, as the Commission had stated, asked for favors or cases, and he had never written letters which are attributed to him by the Commission. Dr. Birdsall had himself answered one of these statements when he said in this discussion, "Dr. Stevens did not ask for four cases. It was the proposition of the Commission."

Dr. BIRDSALL had seen an epileptic, one of the cases mentioned by Dr. Hammond as having reported improvement to him, and whose sister corroborated the patient's statement. He had asked the sister why she had made this statement. She had replied that she did not refer to the number of fits, which was unchanged, but meant that the patient seemed to be brighter without the bromides. The record, showed, however, that the number of attacks had increased and that the patient was in reality much worse under Dr. Stevens' treatment.

Dr. DANA said he had been appointed on the Commission by Dr. Stevens himself and felt that he represented him in a measure, but naturally his chief object had been to obtain the exact truths in the

matter. He had sent twelve cases of his own to Dr. Stevens, and had tried hard to get others to go; but he had seen no case much improved under Dr. Stevens' treatment. One case seemed to be improved, but he could not feel sure that improvement was due to the ocular treatment. He had lost most of his faith in it as a therapeutic measure. We ought, however, pay some tribute to Dr. Stevens for perfecting the technique in his procedures, even though he had pushed his theory to extravagant conclusions.

Dr. WEBSTER stated that the diplopia now existing in one of Dr. Seguin's cases did not amount to much. It was trivial. The patient had stated to him that it produced no annoyance. He had seen Dr. Stevens operate many times, and had learned very much from him as to the technique in the treatment of insufficiencies. Dr. Stevens had, moreover, greatly improved the nomenclature in this direction. Not being a neurologist, he did not feel competent to judge of the therapeutic effects of the operations in these cases.

Dr. L. C. GRAY had listened with interest to the report and its discussion, and was wholly unprejudiced on either side. He did not believe that Dr. Stevens had substantiated his serious charges against the Commission, or caused any particular improvement in the cases. Esquirol showed in 1828 that temporary improvement took place in all cases of chronic epilepsy in La Salpetriere when treated by drugs known at that day. A decrease of from six to three fits daily could not be considered a permanent improvement, because such decrease was often spontaneous, and in some cases fits spontaneously ceased for years. He agreed with Dr. Seguin that where improvement did not begin before fifty-two weeks after treatment had been begun, any improvement that might take place could not fairly be ascribed to the measure employed. If Dr. Stevens had claimed merely that headaches and other trivial neuroses had been relieved by his method, many of the gentlemen present would have coincided with him, but he had undertaken too much and was extreme in his claims. The same therapeutical principle underlay his system as that of Sayre, who cut prepuces, and that of the English surgeon who amputated clitorides for the cure of the slighter neuroses.

Dr. AMIDON said that he had been invited with a number of others by Dr. Ranney to see the cases described at Dr. Stevens' office, and they had the complete histories of the cases at the time upon which to form an opinion. He intended to oppose the acceptance of the report of the Commission, for it was clearly apparent that Dr. Stevens had brought about improvement in these patients without resort to medication, which was more than any of us could do.

Dr. SEGUIN said, with reference to the work done by Dr. Stevens, that all of the member of the Commission had appreciated it highly and had felt like adding something commendatory of his skill to the report, but refrained from so doing because, under the circumstances, it might have appeared hypocritical, and was really alien to the subject assigned to the Commission, viz., the determination of results.

Dr. J. L. CORNING thought that Dr. Dana's tribute to the good work done by Dr. Stevens was in exceedingly good taste. Dr. Stevens' work was unusually scientific and original, and there seemed to be very little of that sort of work done in New York, where compilation and the importation of foreign ideas were the order of the day. Hence this discovery of Dr. Stevens ought to meet with wide recognition.

A motion to adopt the report of the Commission was then carried by a vote of five to four out of the eighteen members present, the members of the Commission refraining from casting their votes.

The following motion made by Dr. Amidon was unanimously carried:

"That the thanks of the Society be extended to Dr. Stevens for the assiduous labor he has devoted to the work of the Commission, and that the Society assure Dr. Stevens that it highly appreciates the ingenuity and technical skill he has shown in the prosecution of his method."

Besides the report of the Stevens' Commission, the following contributions were made at the two meetings of the Society:

Dr. IRAN VAN GIESON read a paper entitled, "A Contribution to the Pathology of the Laryngeal and other Crises in Tabes."<sup>1</sup>

Dr. A SCHAPRINGER presented a case of "Congenital Bilateral Abducens Paralysis with Facial Paralysis."<sup>1</sup>

Dr. C. A. HERTER read the clinical history and report of the autopsy in a "Case of Cervical Paraplegia from Dislocation."<sup>1</sup>

<sup>1</sup> Paper will be published in a future number.—ED.

Orders for December number must be sent in immediately.

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